

**APPLICATION: DAYS AWAITING PLACEMENT
FOR A RESIDENTIAL CARE FACILITY (APRC)**

PLEASE FAX TO BEAS, ATTN: ELLEN FIELD (207) 287-9229

- COMPLETED 3 PAGE APPLICATION FORM
- COPY OF THE **2 OUTCOME PAGES ONLY** FROM GOOLD NF DENIAL ASSESSMENT (not the entire MED form)

Date of request: _____ Facility: _____
Address: _____

Phone number: _____ Fax number: _____
Person completing form: _____

Resident's name _____ Date of birth _____ and ID numbers: social
security _____ Medicare _____ MaineCare _____

Does the resident have a legal guardian or some other family member who should also be notified of the
Awaiting Placement in Residential Care determination? If so:

Name: _____ Relationship: _____ Phone _____
Address: _____

Date of admission to facility, regardless of payment source: _____

Payment source on admission: _____

Date of conversion: Medicare to MaineCare _____

Date of conversion: Private pay to MaineCare _____

Date of MaineCare (Goold) denial: _____

Is there any payment source at this time? ☐ yes ☐ no _____

Beginning date for which payment is being requested _____ to _____. Normally
ending date would be unknown future date on which resident moves to residential care.

Is resident appealing the MaineCare denial? ☐ yes ☐ no PLEASE NOTE: IF RESIDENT IS
APPEALING, WE WILL NEED TO WAIT UNTIL THE COMMISSIONER RENDERS THE FINAL
DECISION BEFORE APRC REQUEST CAN BE PROCESSED.

IF RESIDENT IS NOT APPEALING, WE STILL MUST WAIT UNTIL THE LAST POSSIBLE APPEAL
DATE IN ORDER TO ENSURE RESIDENT'S APPEAL RIGHTS.

continued

In-home services: How could the resident be safely discharged home or to an apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with the Home Care Coordinating Agency, Area Agencies, Alpha One, home health agencies, or other appropriate agencies.

Contacts with appropriate residential care facilities within a 30 mile radius:

Facility name:

Address:

Phone # _____ Contact person at facility: _____

Date (s) facility was contacted:

What type of resident do they serve?

Do they have any vacancies?

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:

Address:

Phone # _____ Contact person at facility: _____

Date (s) facility was contacted:

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continued

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NOTE: Payment rate is \$72.82 effective July 1, 2004. The facility must accept this rate as their payment in full. Written approval by the Department is required before payment will be made. To be eligible for Awaiting Placement in Residential Care, the following criteria must be met. The resident must be a current resident of the NF, medically ineligible for NF MaineCare, at the time the application is filed. The resident must have qualified medically at admission and be financially eligible for APRC. Facility must show evidence of discharge planning efforts and the resident must agree to accept an appropriate placement.